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CPA Policy Statement

MHSA: integrated treatment for co-occurring mental illness and substance abuse

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Position:

- **The Mental Health Services Act (MHSA), with its innovative funding streams and recovery-based focus, should be effectively used to vastly improve outcomes for people with co-occurring mental illness and substance abuse disorders (COD). MHSA planning should therefore prioritize development of well-designed integrated COD treatment programs and associated clinical training.**

Introduction:

- By any measure, better treatment for Californians with co-occurring mental illness and substance abuse should be an MHSA priority.
- Drug abuse occurs in roughly 50% of individuals with mental illness.
- Untreated co-occurring substance abuse has severe consequences, including:
 - Worsened mental symptoms and greater resulting disability
 - Predisposition to general medical conditions like HIV, hepatitis, and tuberculosis
 - Greater probability of violence and incarceration
 - Less chance of recovery from mental illness
- Efforts to treat mental illness are largely unsuccessful when co-occurring substance abuse is not simultaneously treated.
- Extensive clinical work has demonstrated that when substance abuse and mental illness occur together, treatment is consistently effective only when both conditions are treated together, so-called "integrated treatment." Receiving treatment for substance abuse in one place and mental illness in another place—so-called "parallel treatment"—doesn't work well.
- Unfortunately, parallel treatment is the norm in California public systems, the result of a legacy of separate funding streams for programs that treat either substance abuse or mental illness.
- Despite the recommendations of the President's New Freedom Commission, Medi-Cal funding and regulations for substance abuse treatment and mental health remain largely separate.
- Programs that provide integrated treatment for COD are rare, and face challenges of bifurcated funding, licensing and auditing.

- MHSA, with its innovative funding streams and recovery-based focus, provides California counties with a unique opportunity to move beyond parallel treatment and create new programs capable of bring the best practices together in one place to vastly improve outcomes for people with COD.
- The California Department of Mental Health (DMH) and the MHSA Oversight and Accountability Commission (OAC) should take immediate steps to ensure that each MHSA plan includes resources for: 1) both existing mental health programs and substance abuse programs to provide integrated COD treatment; 2) evidence-based comprehensive integrated COD treatment programs, and 3) associated clinical training.

Initial Program Development:

- CPA believes that California cannot wait for complete transformation of the mental health system to occur before making integrated COD treatment readily accessible to a population who need it now.
- Many individuals with mental illness are currently enrolled in substance abuse treatment programs, but have very limited access to mental health services.
- This fact perpetuates ineffective “parallel treatment.”
- Making the New Freedom Commission goal of “No Wrong Door” a reality for individuals with COD requires the California Department of Mental Health and the MHSA Oversight and Accountability Commission (OAC) to ensure that MHSA plans include funding for immediate development of COD services in existing substance abuse programs, as well as in mental health programs.

Integrated COD treatment programs:

- CPA believes that integrated treatment programs should be available in every MHSA plan, including those for transitional age youth populations.
- Integrated treatment programs for COD should include:
 - Availability of comprehensive psychiatric assessment for both mental illness and substance abuse
 - Availability of laboratory assessment for detecting abuse substances and their metabolic consequences
 - Availability of consultation and referral for assessment and treatment of general medical conditions associated with substance abuse
 - Evidence-based integrated therapies for co-occurring disorders based upon models that include principles of motivational enhancement, stages of change, peer support, harm reduction, and recovery
 - Access to all medications with demonstrated effectiveness for treatment of mental disorders
 - Access to all medications with demonstrated effectiveness for treatment of substance abuse disorders, including anti-craving medications, drug replacement medications, and medications used for detoxification.

Training for Integrated COD Treatment:

- CPA believes that the successful large scale implementation of integrated treatment programs for COD will necessitate comprehensive, well-planned, and diverse training programs for both existing clinicians and future trainees.
- MHSA funding should be available for the following the areas of COD-related training:
 - Comprehensive in-service training in integrated COD treatment for mental health professionals and substance abuse treatment professionals currently providing services in mental health and substance abuse settings, using evidence-based curricula coordinated by academic training institutions with recognized expertise in treatment of co-occurring disorders, including general medical aspects.
 - Additional fellowships in addiction psychiatry in psychiatric residency programs
 - Training for peer advocates and peer bridgers who will be providing services in mental health and substance abuse programs